

NAMSDL



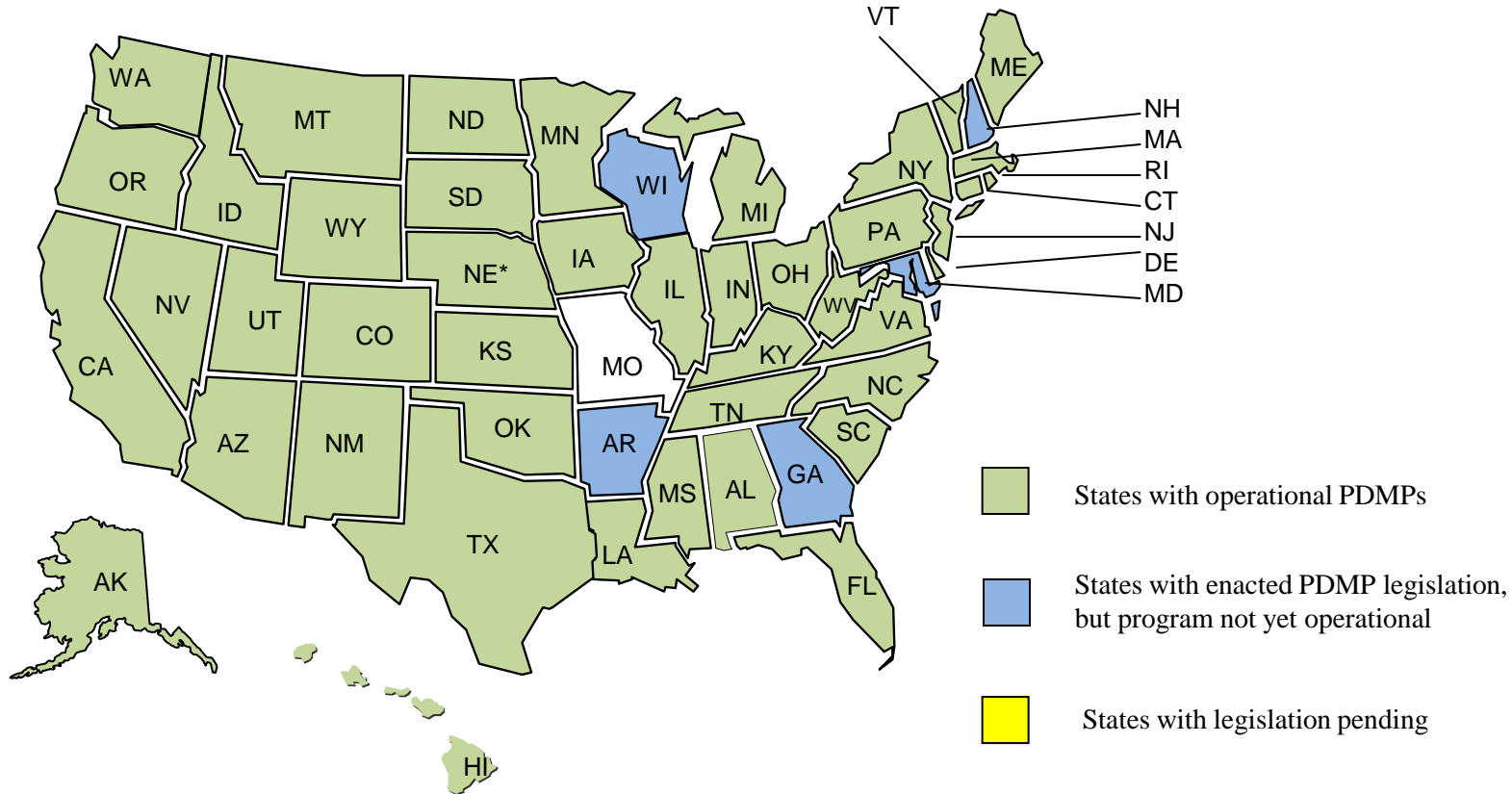
National Alliance for Model State Drug Laws

COMPILATION OF STATE PRESCRIPTION MONITORING PROGRAM MAPS

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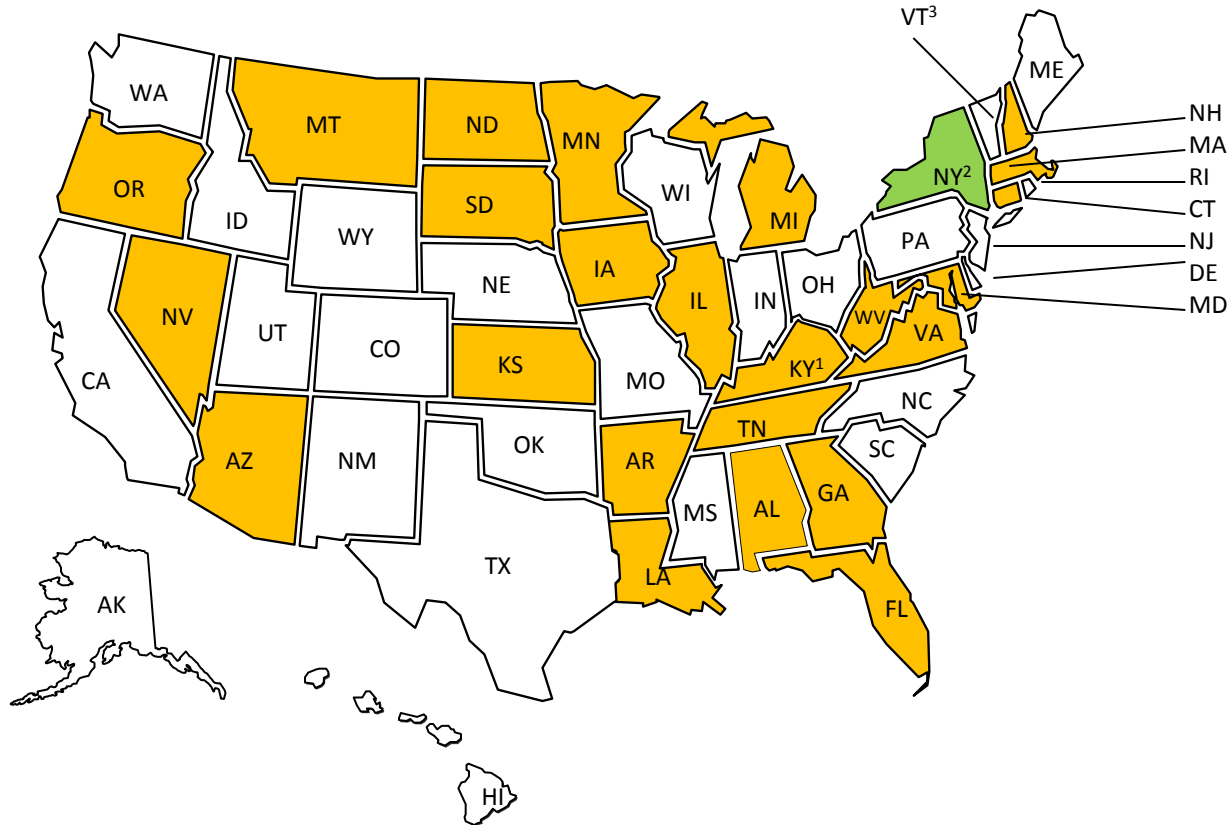
© 2013 Research is current as of December 2012. In order to ensure that the information contained herein is as current as possible, research is conducted using nationwide legal database software, individual state legislative websites, and direct communications with state PDMP representatives. Please contact Sarah Kelsey at 703-836-6100, ext. 119 or at skelsey@namsdl.org or Heather Gray at 703-836-6100, ext. 114 or hgray@namsdl.org with any additional updates or information that may be relevant to this document. Headquarters Office: THE NATIONAL ALLIANCE FOR MODEL STATE DRUG LAWS (NAMSDL). 215 Lincoln Ave. Suite 201, Santa Fe, NM 87501.

Status of State Prescription Drug Monitoring Programs (PDMPs)



*The operation of Nebraska's Prescription Monitoring Program is currently being facilitated through the state's Health Information Initiative. Participation by patients, physicians, and other health care providers is voluntary.

States That Mandate The Use of an Advisory Committee, Council, Task Force, or Working Group

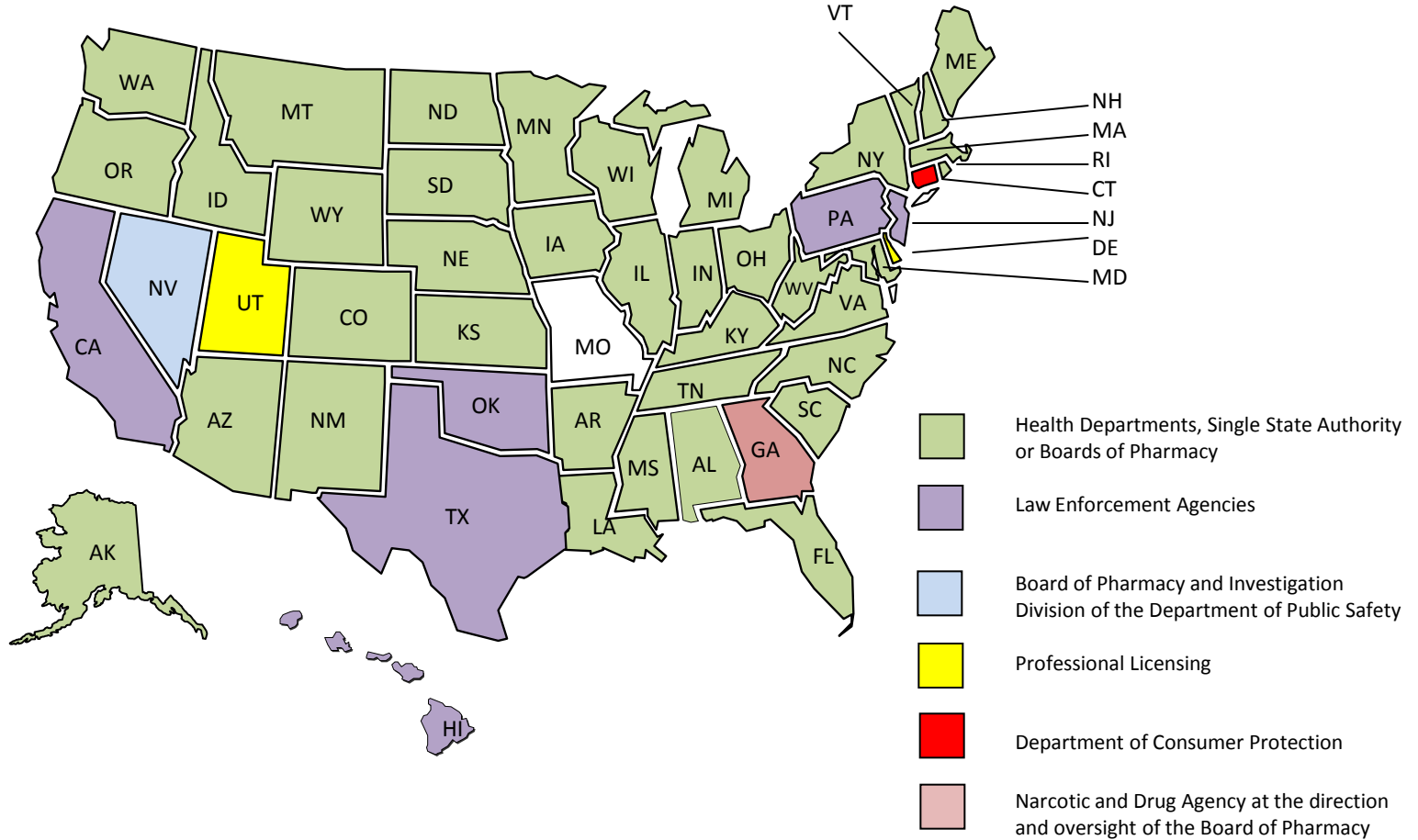


¹ Kentucky has created an advisory council to recommend guidelines for use of the state PMP program by executive order of the Governor.

² New York has created a work group for guidance in implementation of the I-STOP program through the existing pain medication awareness program work group.

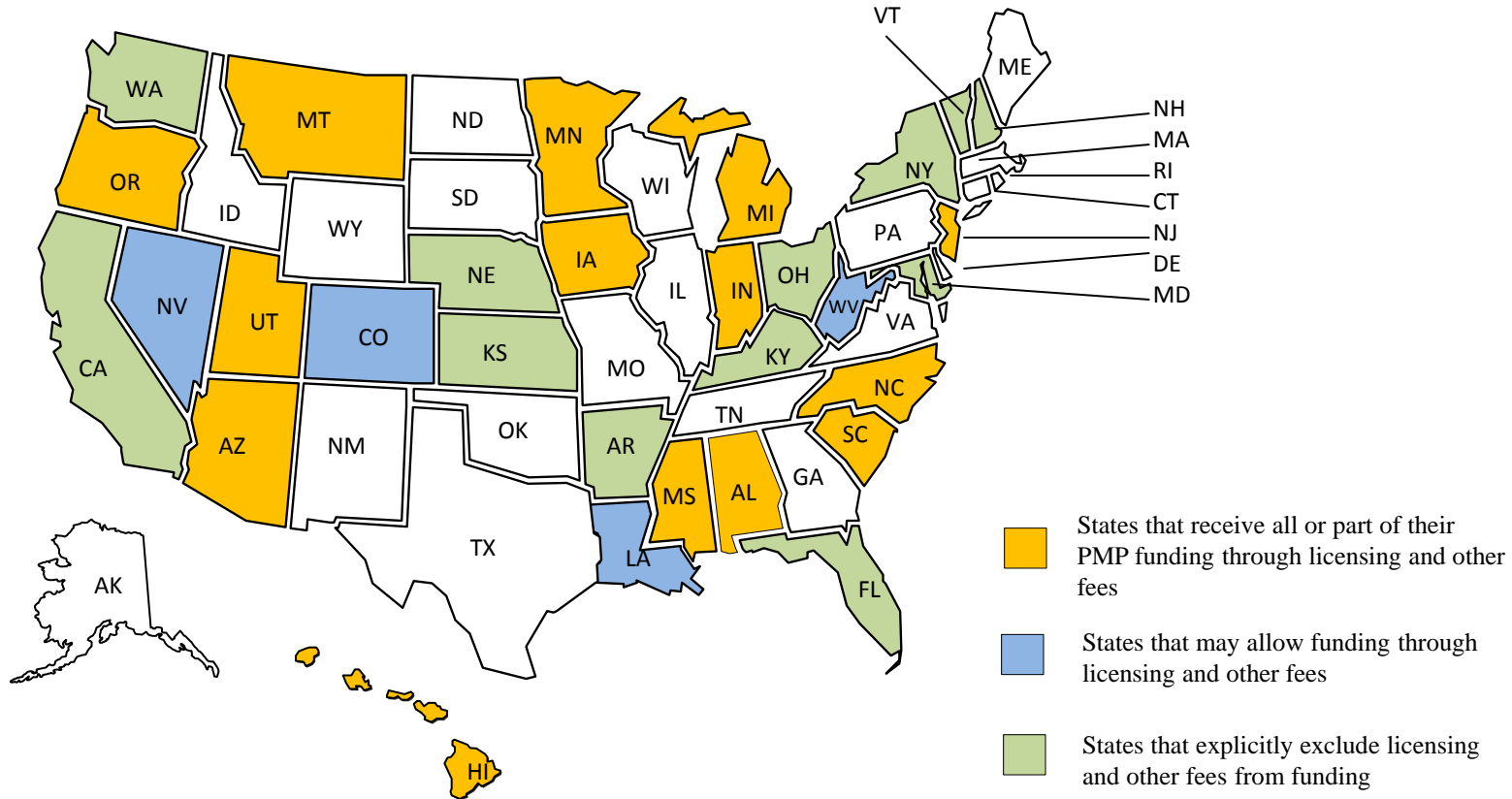
³ Vermont had an advisory committee which ceased to exist on July 1, 2012 by statute.

Breakdown of Housing Entities¹



¹ This information is based on the agency the PMP statute or regulation indicates is required to establish the PMP.

Funding Provisions of Prescription Monitoring Programs*



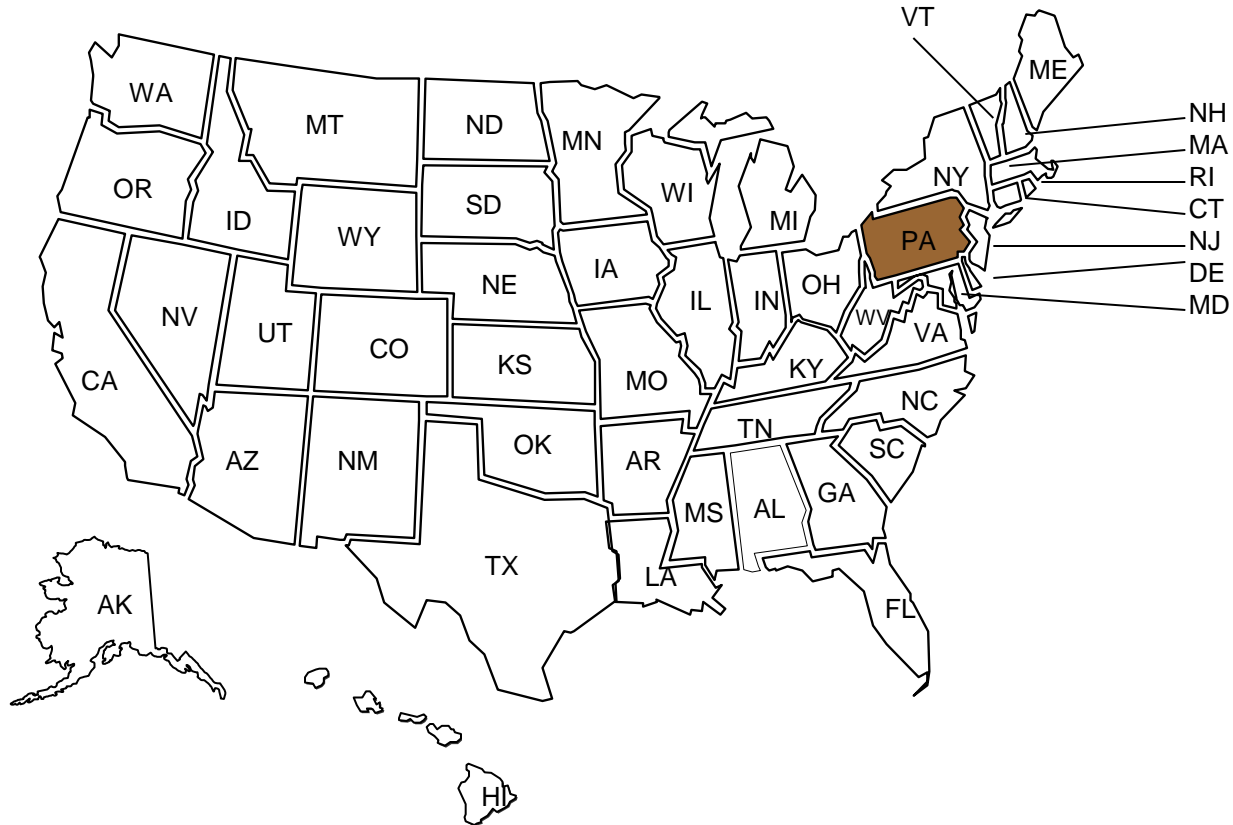
* This information is derived from the state PMP statutes and does not include any information that might be found in the state licensing statutes.

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This information was compiled using legal databases, state agency websites and direct communications with state PDMP representatives

Prescription Drug Monitoring Programs

States With Authority to Monitor Schedule II Substances

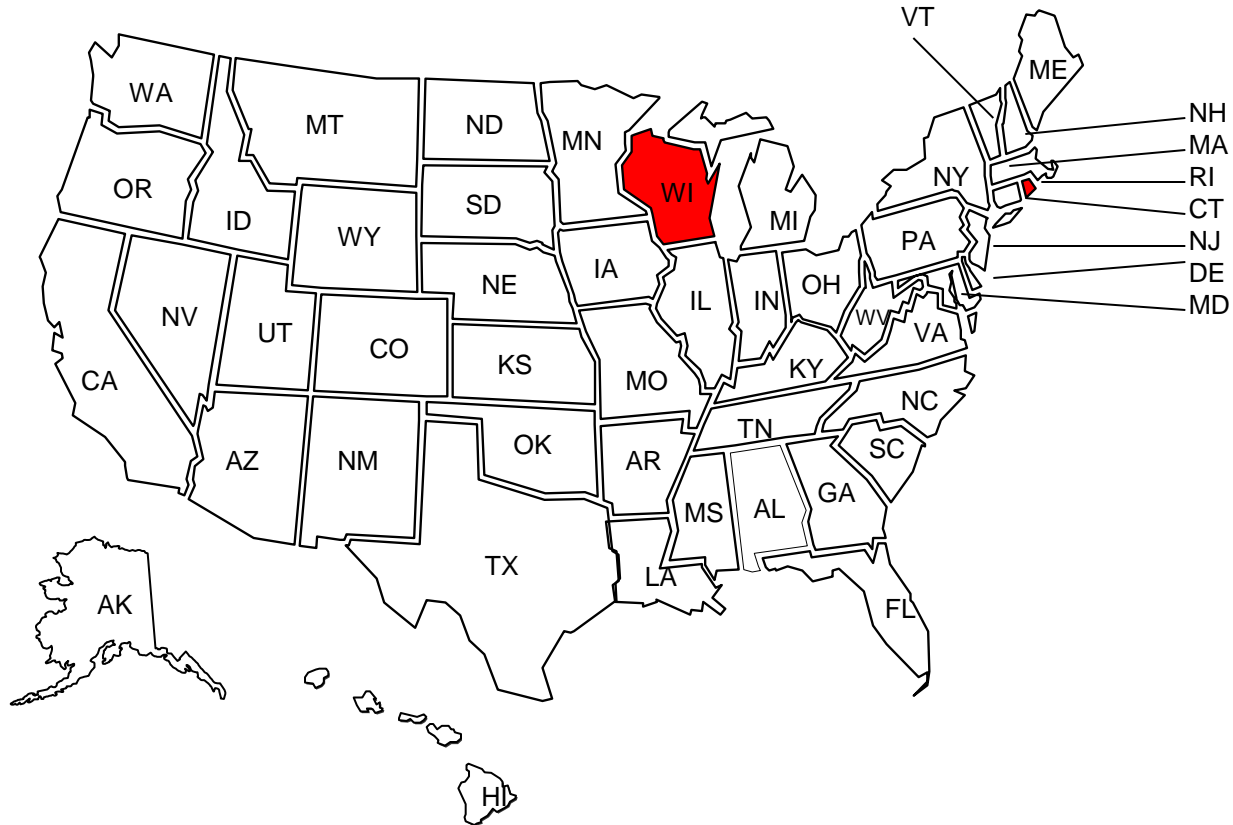


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Prescription Drug Monitoring Programs

States With Authority to Monitor Schedule II & III Substances

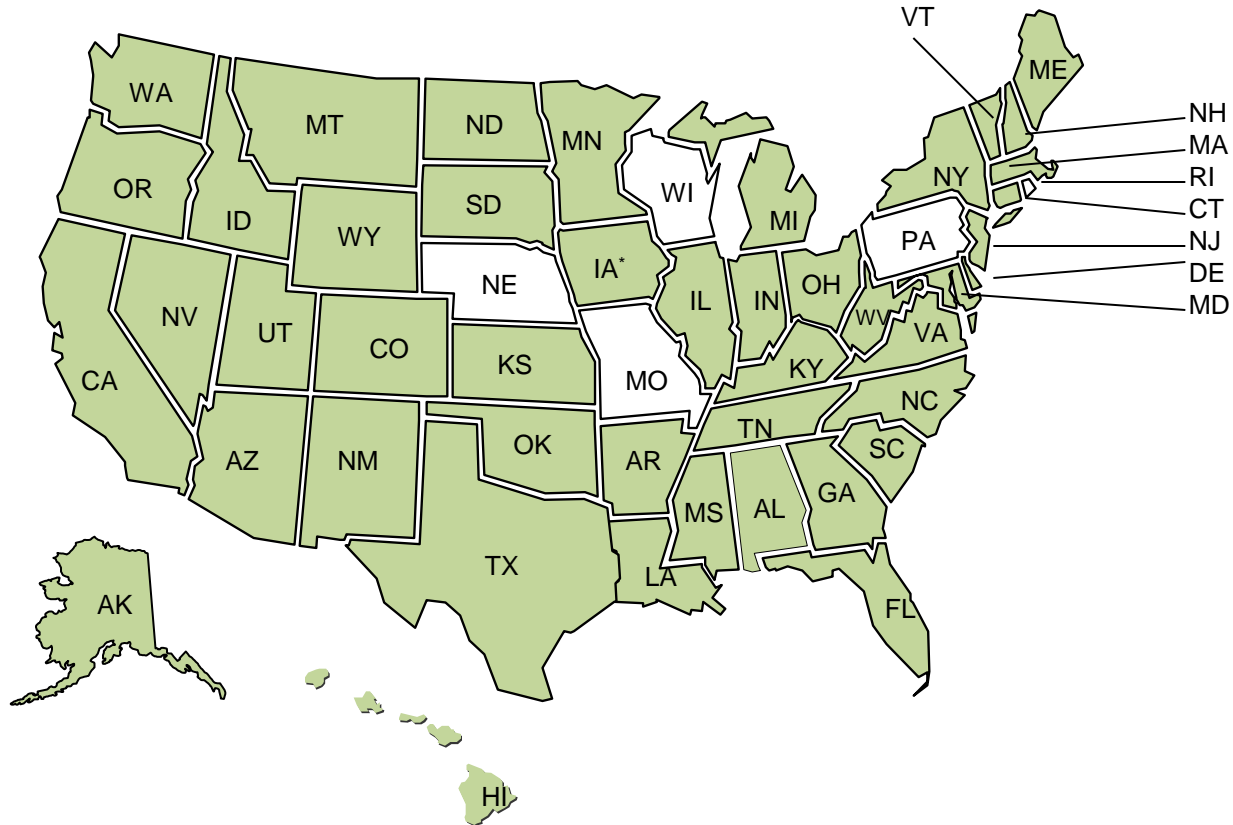


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Prescription Drug Monitoring Programs

States With Authority to Monitor Schedule II, III and IV Substances



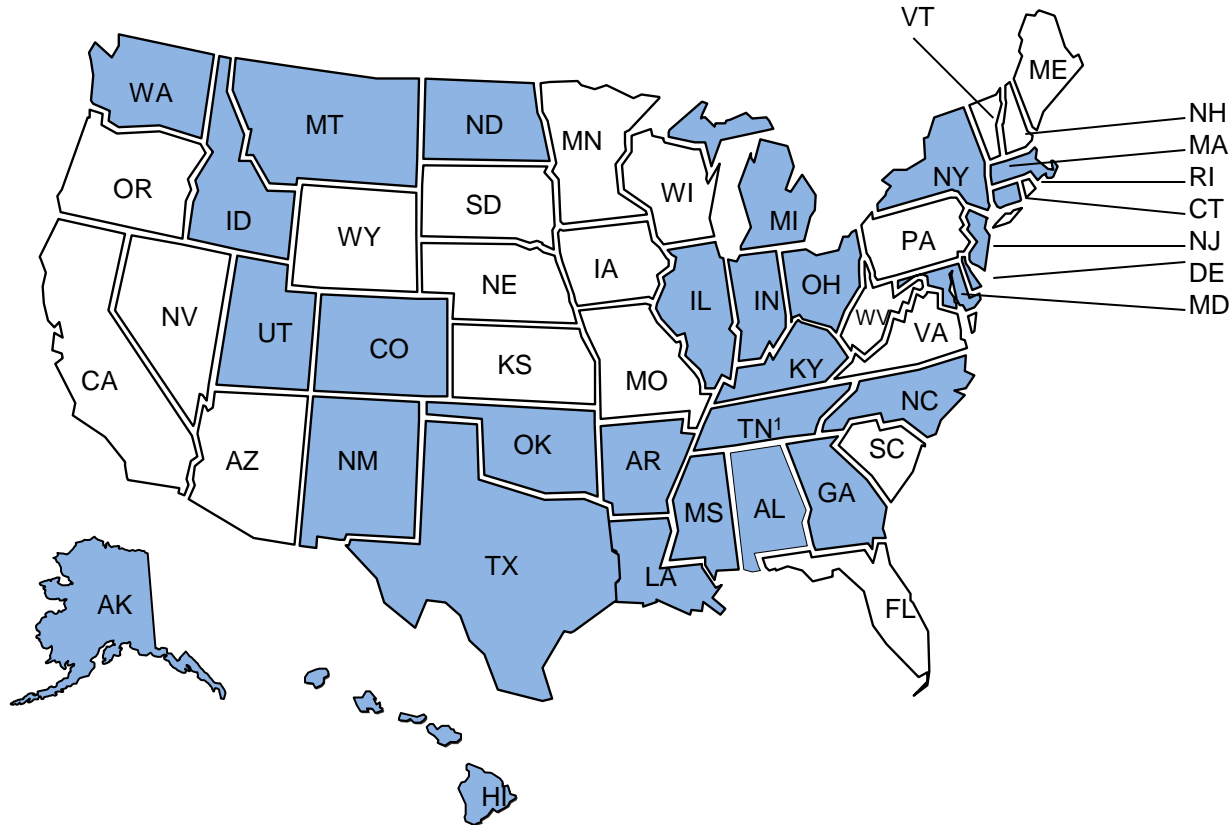
*Iowa's PDMP monitors Schedule III and IV substances that the advisory council and the Board of Pharmacy determine can be addictive or fatal if not taken under the proper care or direction of a prescribing practitioner.

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Prescription Drug Monitoring Programs

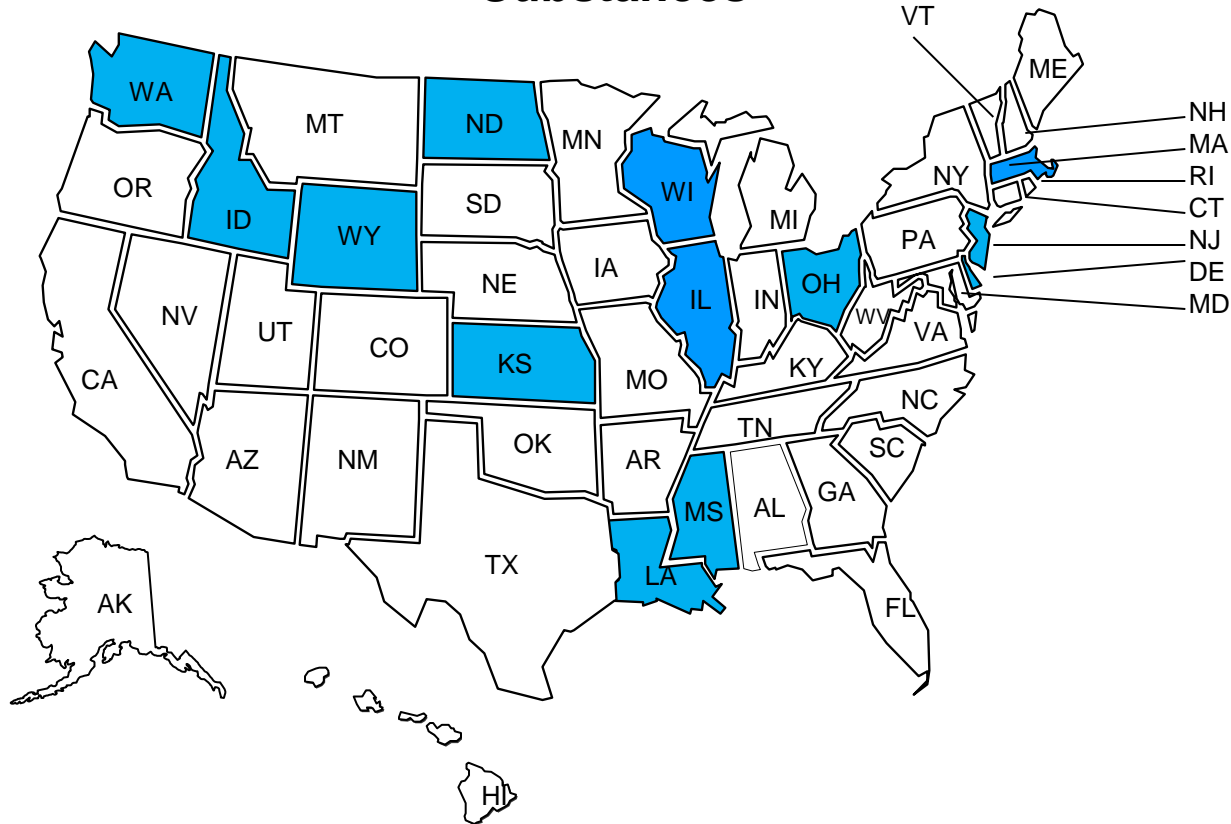
States With Authority to Monitor Schedule V Substances



¹Tennessee's law authorizes the monitoring of Schedule V substances which have been identified by the controlled substances database advisory committee as demonstrating a potential for abuse.

Prescription Drug Monitoring Programs

States With Authority to Monitor Non-controlled/Non-Scheduled Substances

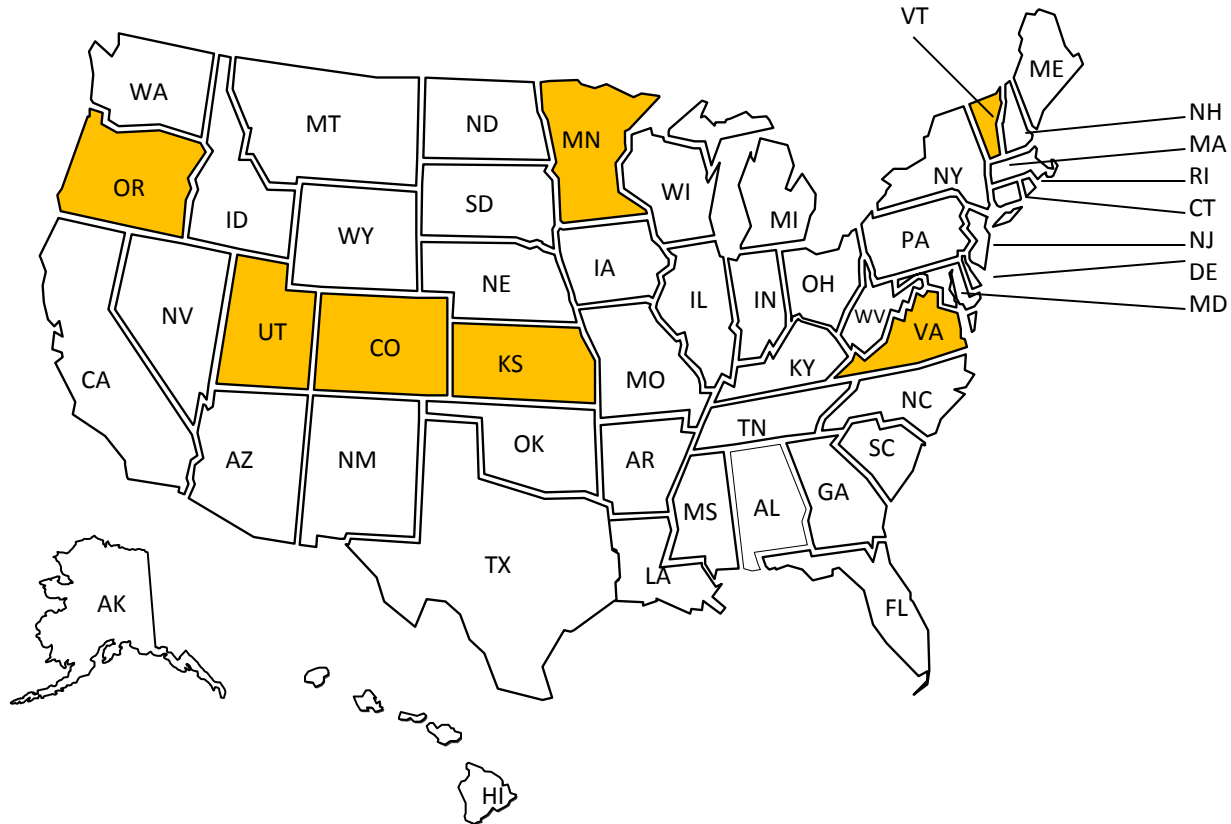


Please note that although a state may have statutory authority to monitor Non-controlled/Non-Scheduled substances, that state may not currently be monitoring prescriptions for such substances and may in fact require implementation of additional regulations before that monitoring can commence.

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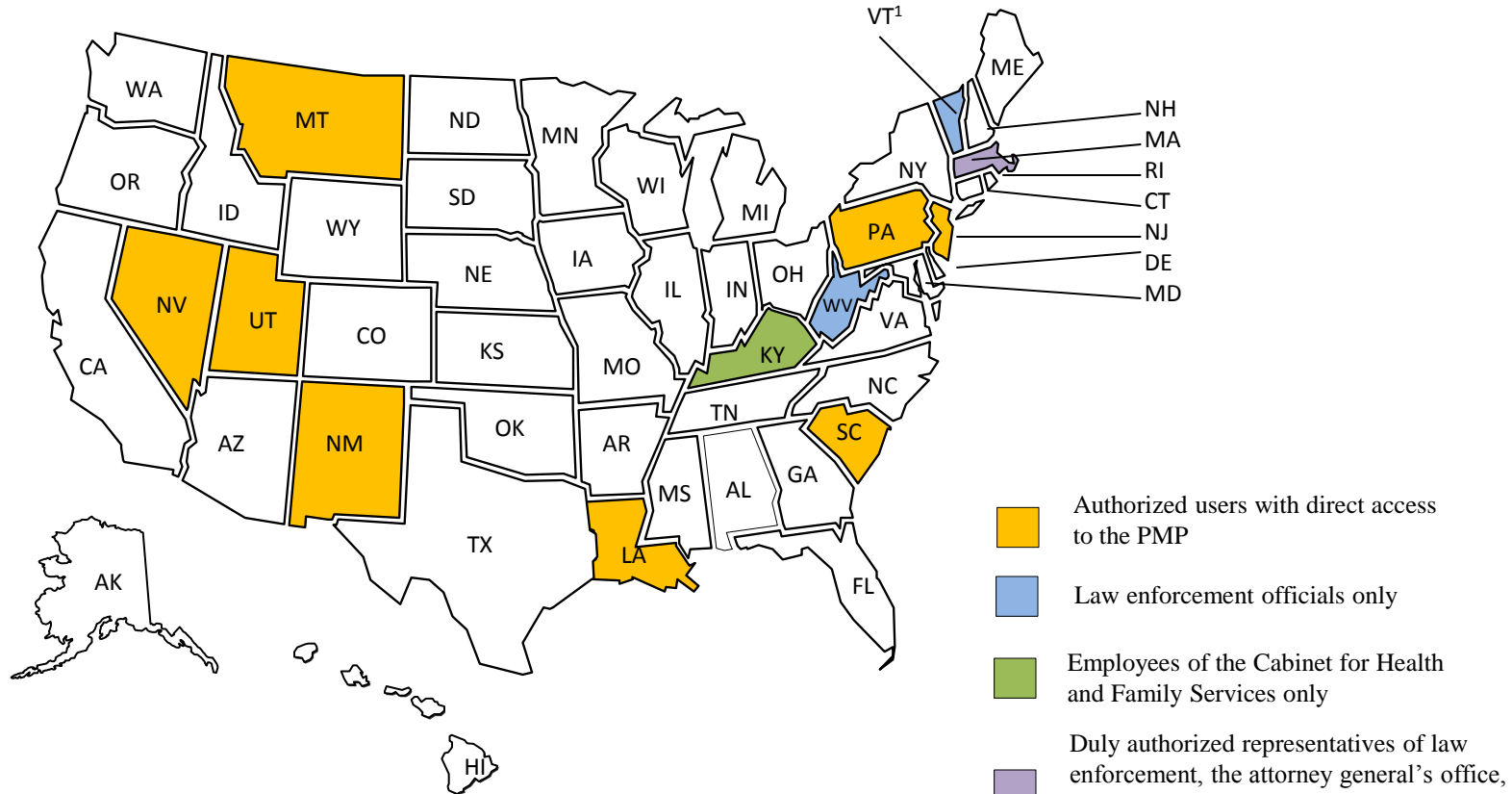
States that Require Prescribers and Dispensers to Notify Consumers That Their PMP Information May Be Accessed



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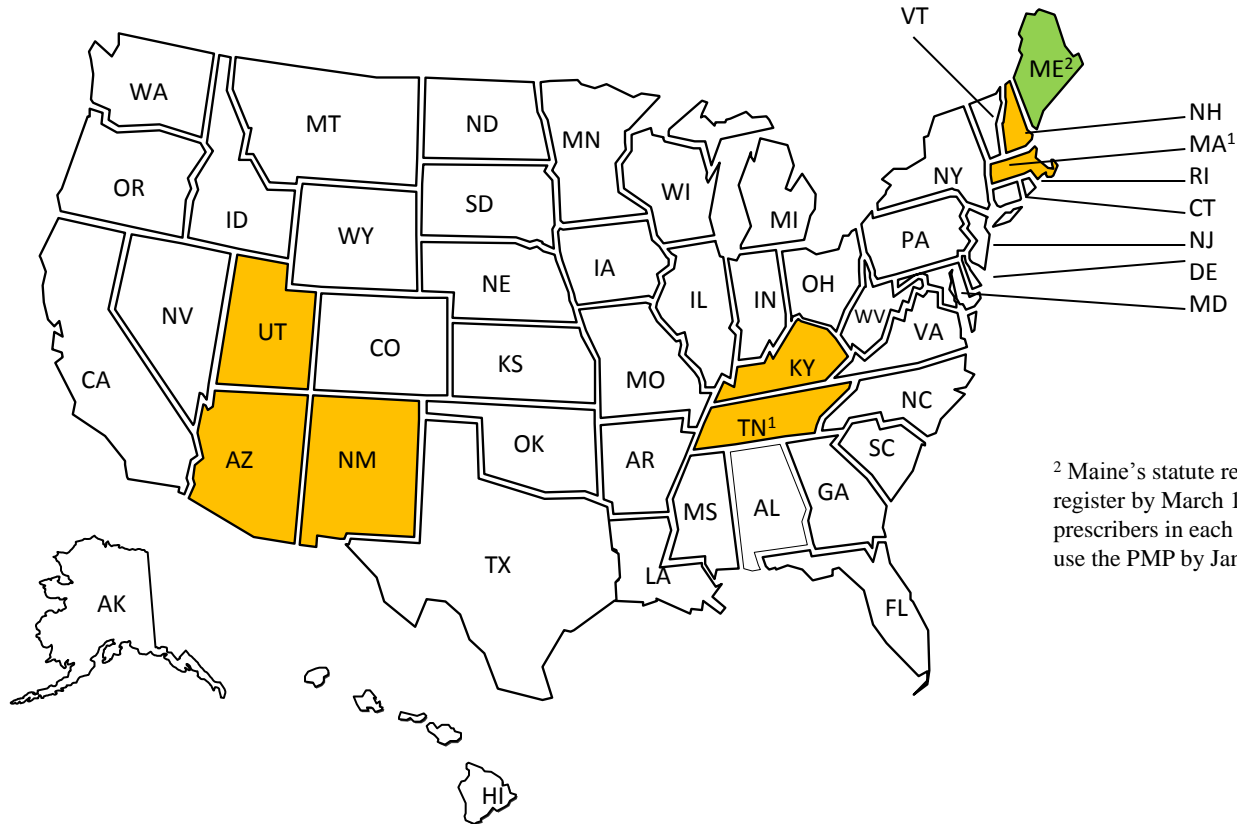
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States that Require Authorized Users to Undergo Training for Use of PMP



¹ Law enforcement officials in Vermont do not have access to the PMP, but must undergo training before being allowed access to PMP data provided to them by licensing boards.

States that Require All Licensed Prescribers and/or Dispensers to Register with PMP Database*

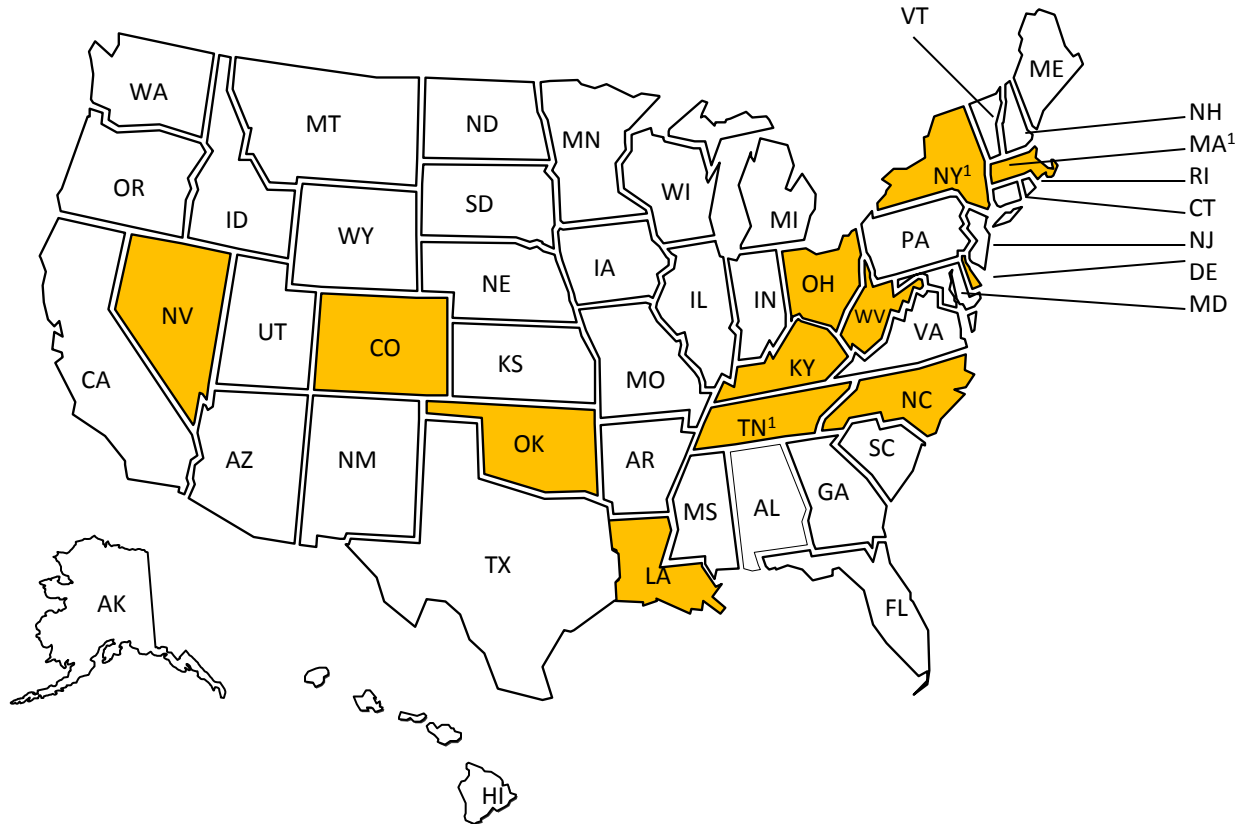


² Maine's statute requires all prescribers to register by March 1, 2014 if less than 90% of prescribers in each class have not registered to use the PMP by January 1, 2014.

* Many states require that persons requesting access to the state PMP database first register as an authorized user. This map and the accompanying memorandum is concerned with only those states that require all practitioners licensed in the state to also register to use the PMP database.

¹ The Tennessee provision goes into effect on January 1, 2013. The Massachusetts provision also goes into effect on January 1, 2013, with the exception that those practitioners established as within the top 30% of prescribers of controlled substances in the preceding 12 months must register no later than January 1, 2013.

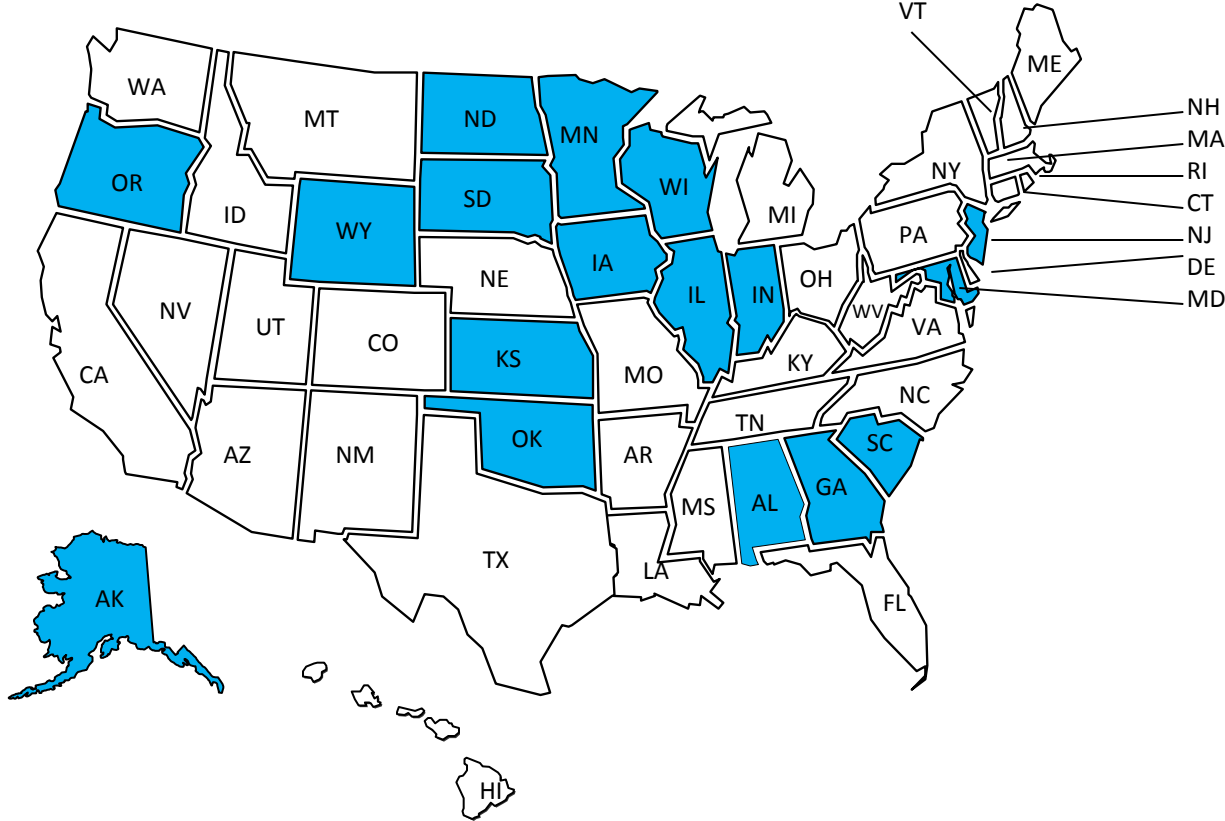
States that Require Prescribers and/or Dispensers to Access PMP Information in Certain Circumstances*



* Please see the accompanying memorandum for specifics as to the circumstances under which a prescriber and/or dispenser is obligated to access the PMP database in each state.

¹ Parts of the Tennessee law go into effect on January 1, 2013, while other aspects go into effect on April 1, 2013. The New York law goes into effect on August 27, 2013. The Massachusetts provision goes into effect on January 1, 2013.

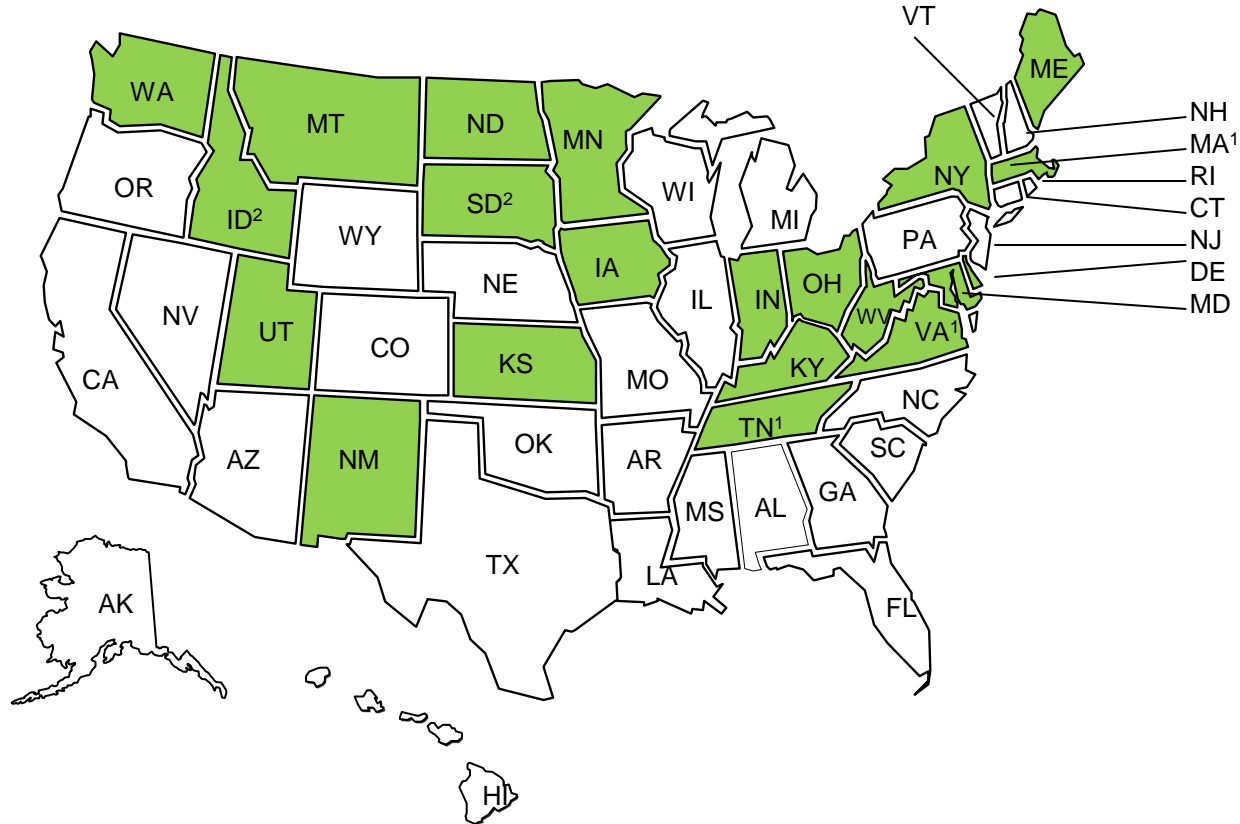
State PMP Laws that Explicitly Do Not Require Prescribers or Dispensers to Access PMP Information



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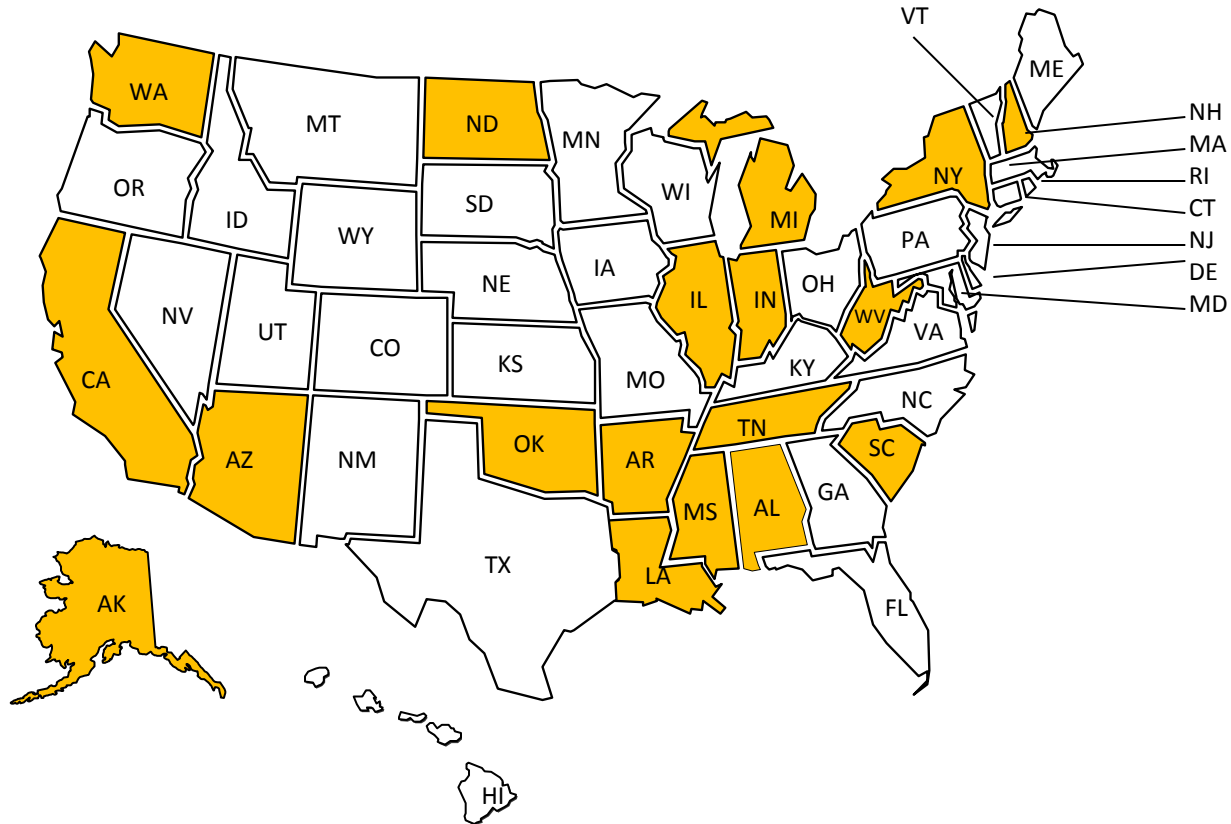
States that Allow Practitioners to Designate an Authorized Agent to Access the PMP Database



¹ The Tennessee and Massachusetts provisions go into effect on January 1, 2013. The New York provisions go into effect on August 27, 2013.

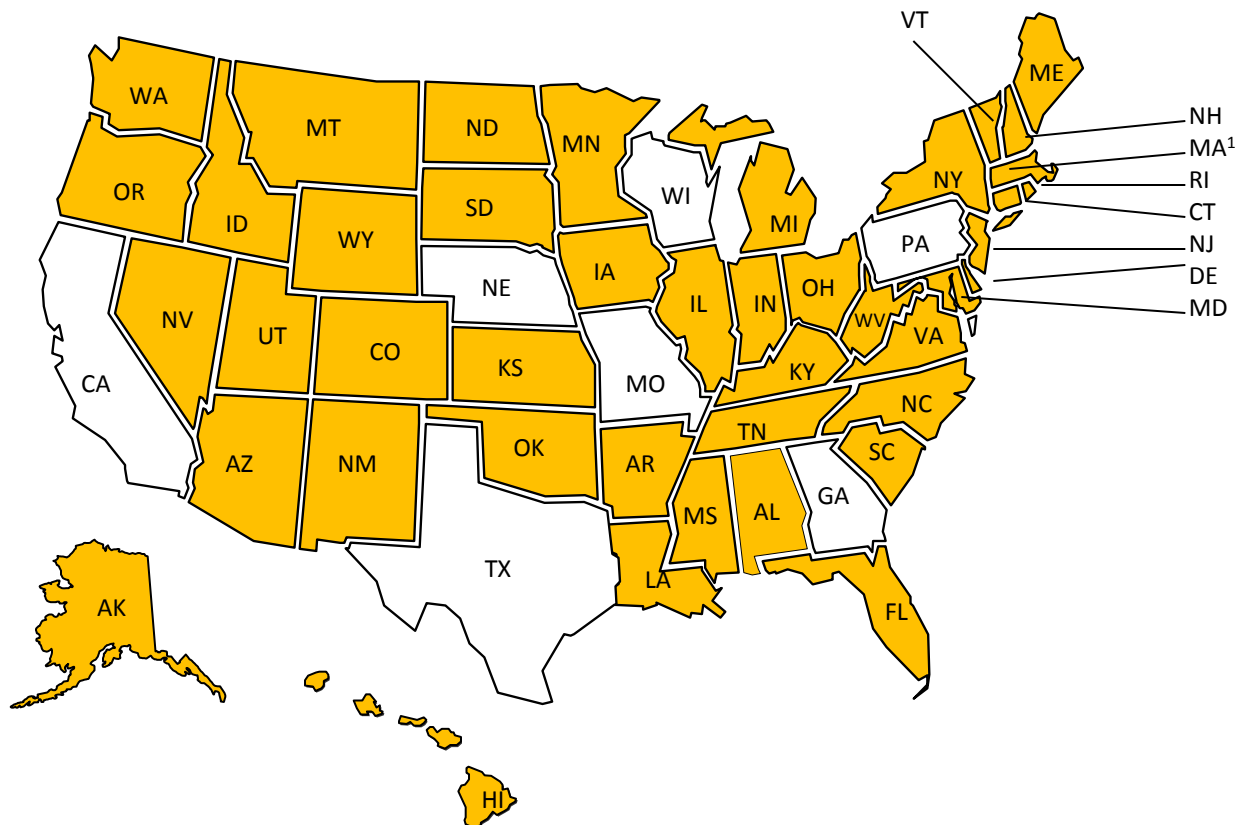
² Idaho and South Dakota only allow prescribers to designate an agent at this time.

States with Statutory Authority to Require Veterinarians to Report to the State PMP¹



¹ This map reflects those states with statutory authority to require veterinarians to report to the state PMP. It does not reflect those states that are actively collecting such data.

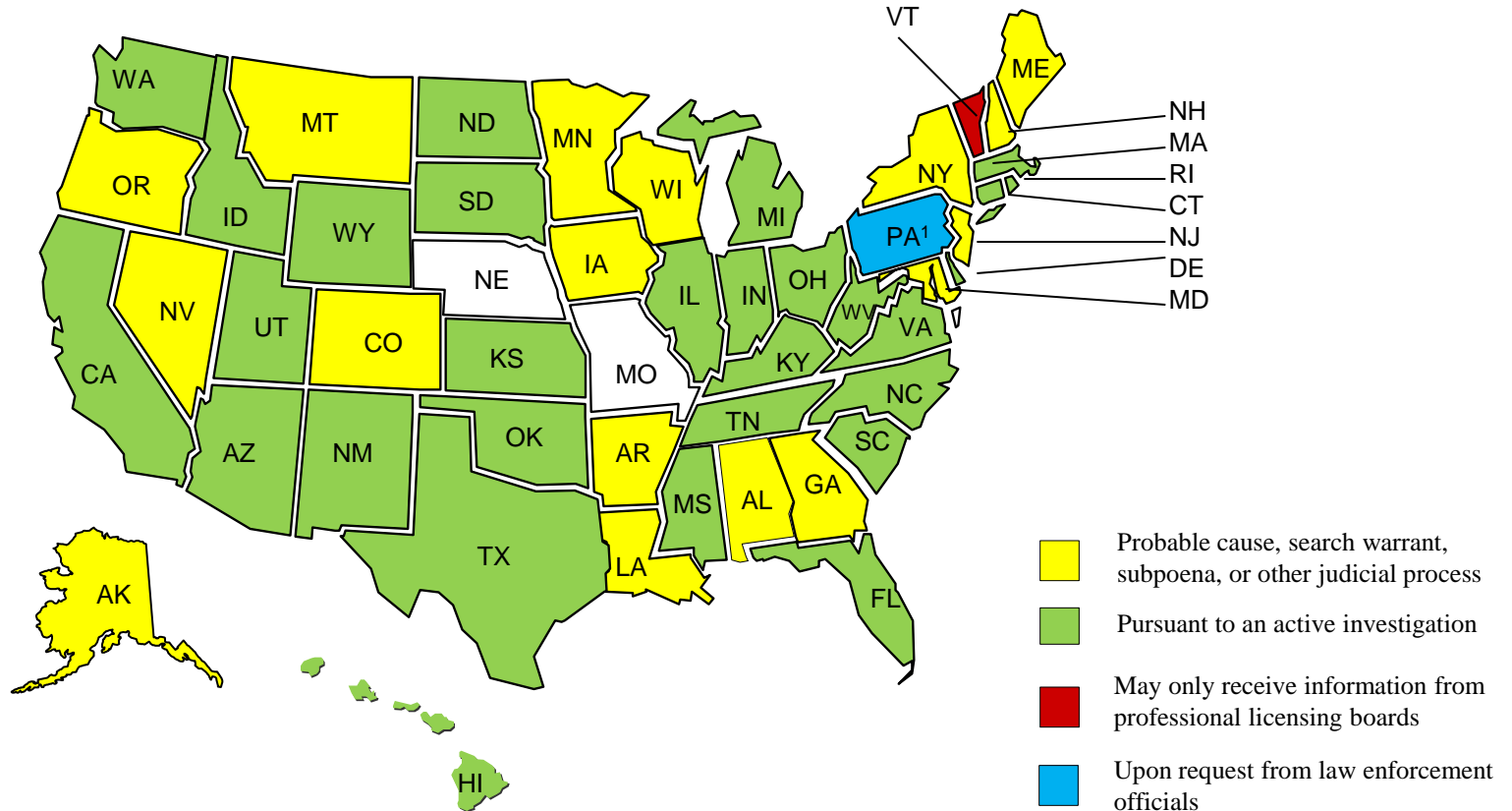
States with Statutory Authority to Require Nonresident Pharmacies to Report to State PMP*



* This map reflects those states with statutory authority to require nonresident pharmacies to report and does not reflect those states with such authority who are not actively collecting such data.

¹ Massachusetts requires nonresident pharmacies to report to the state PMP, but does not require them to register or be licensed by the state.

Law Enforcement Access to PMP Information

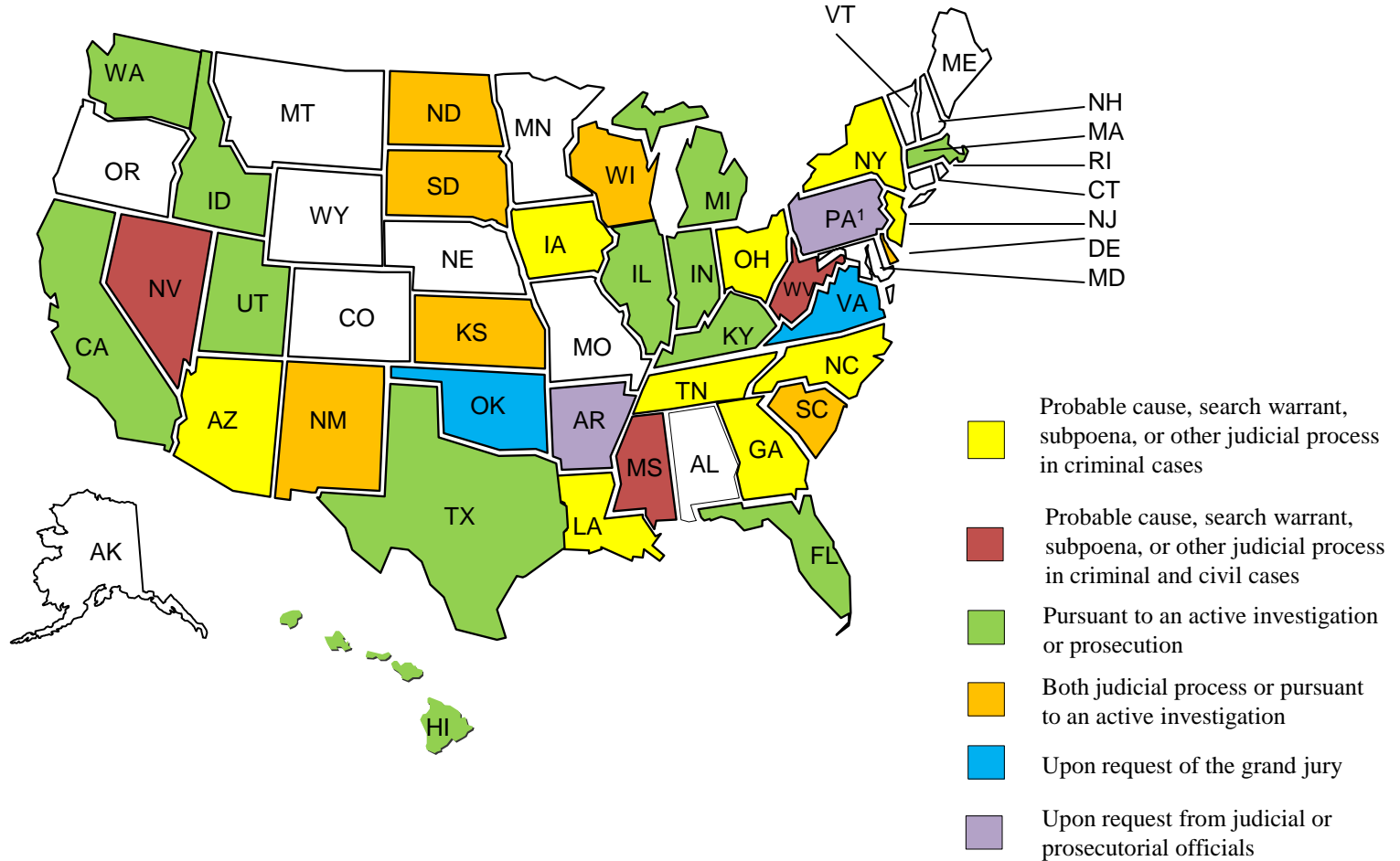


¹ Law enforcement requests must be approved by the Office of the Attorney General. Law enforcement officials do not have direct access.

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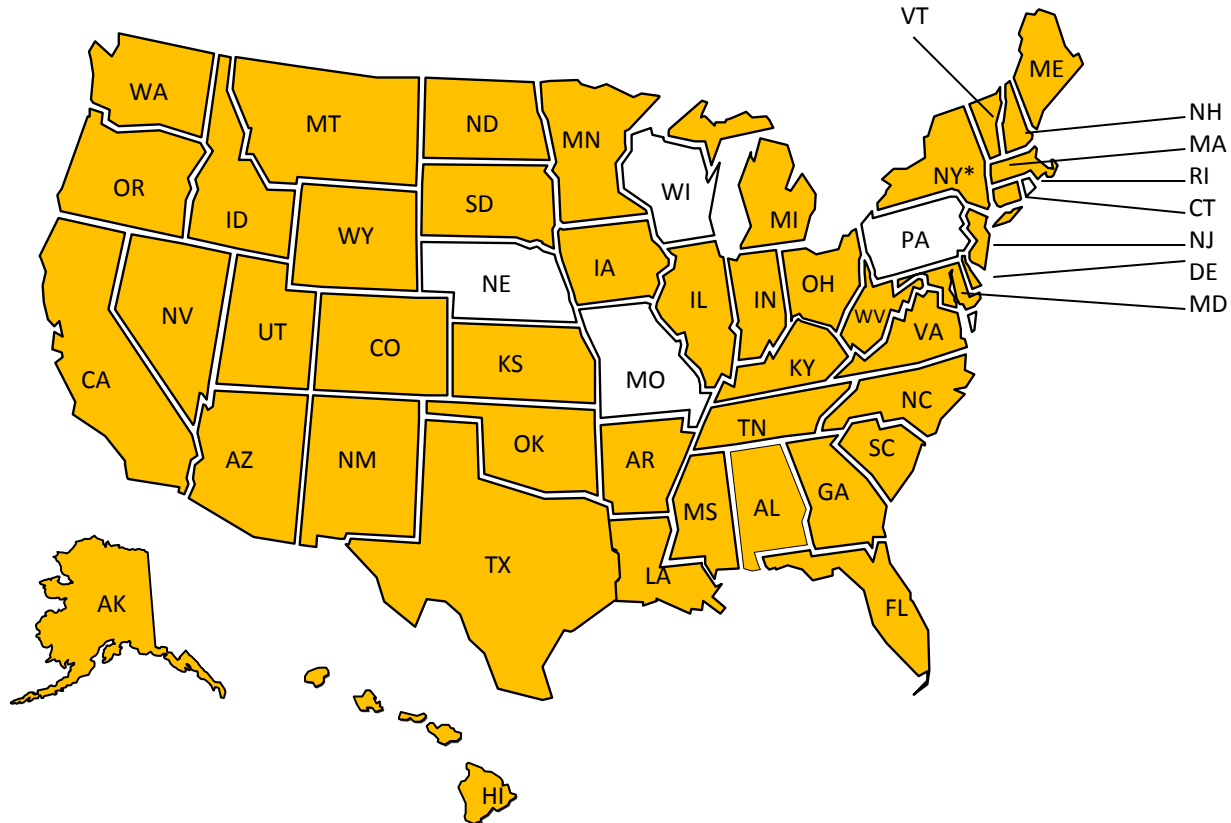
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Judicial and Prosecutorial Access to PMP Information



¹ The Pennsylvania provision pertains only to cases involving criminal investigations into violations of state or federal drug laws, health care fraud, or insurance fraud statutes.

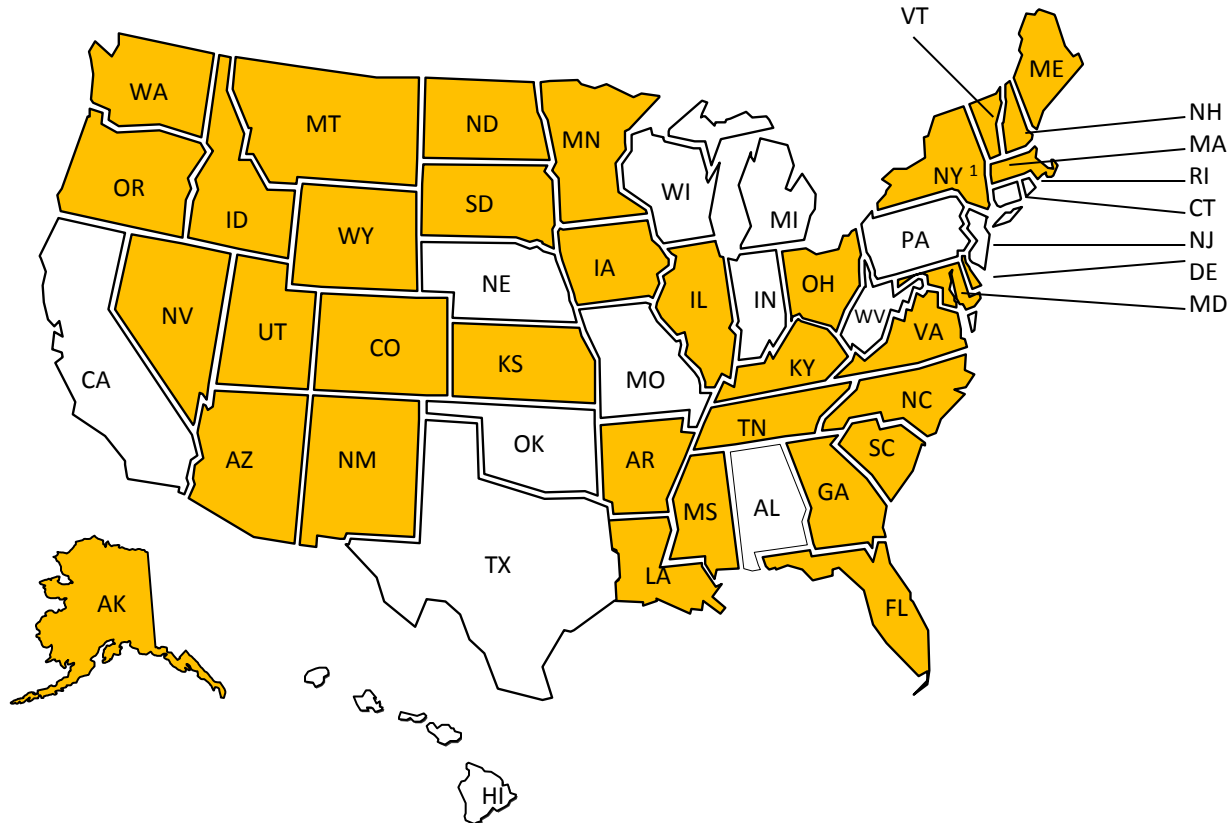
States that Provide PMP Database Information to Prescribers and Dispensers



* New York has passed legislation that will allow access to dispensers as soon as is practicable, but no later than August 27, 2013.

Please see the companion compilation of statutes and regulations on the NAMSDDL website for more specific information.

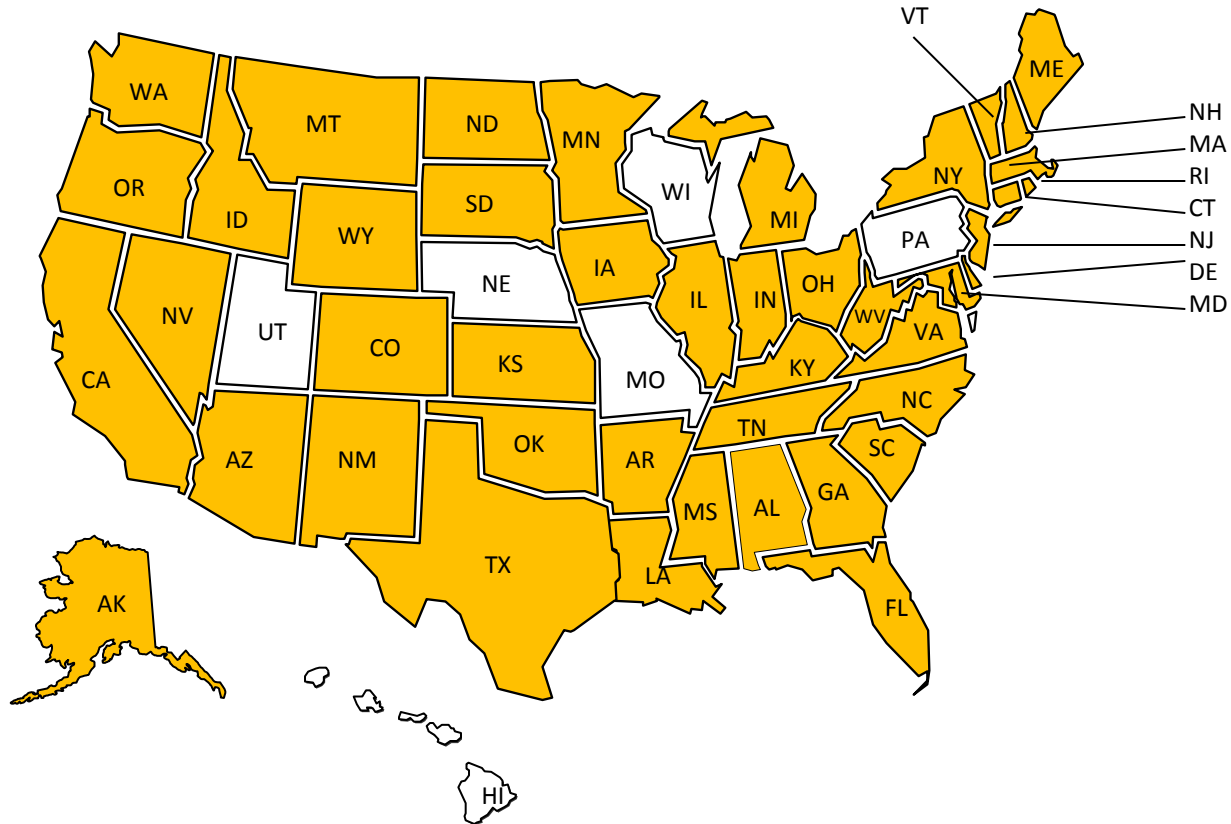
States that Provide PMP Database Information to Patient and/or Parent or Guardian of Minor Child



¹ The New York provision goes into effect August 27, 2013.

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States that Provide PMP Database Information to Licensing/Regulatory Boards

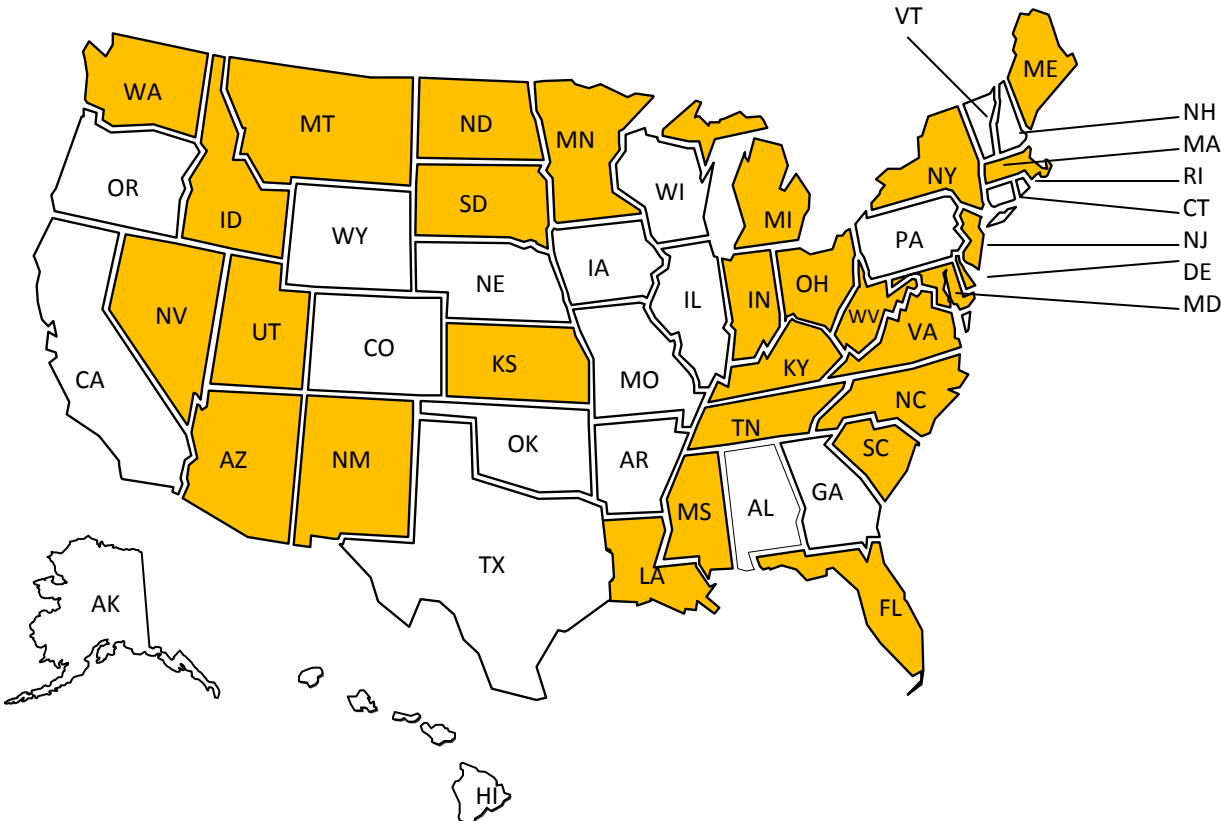


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States that Provide PMP Database Information to Medicare, Medicaid and/or State Health Insurance Programs

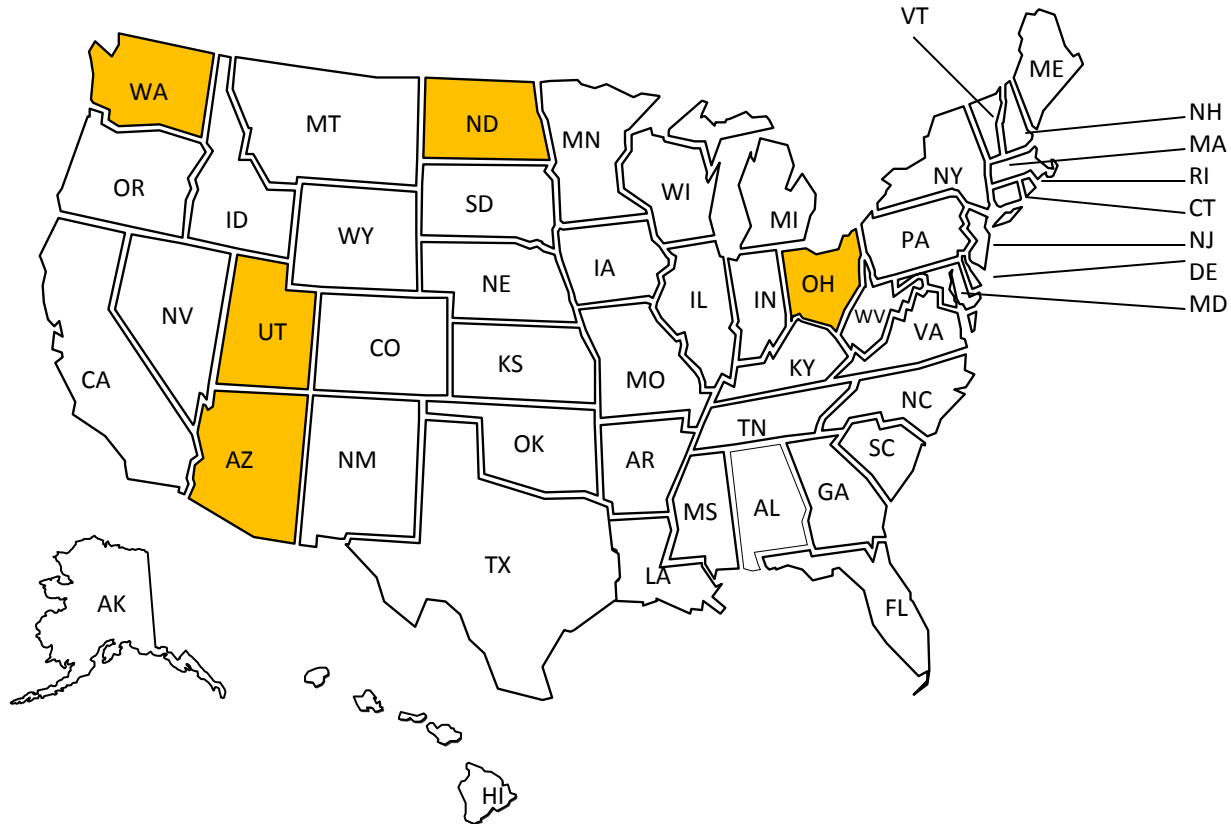


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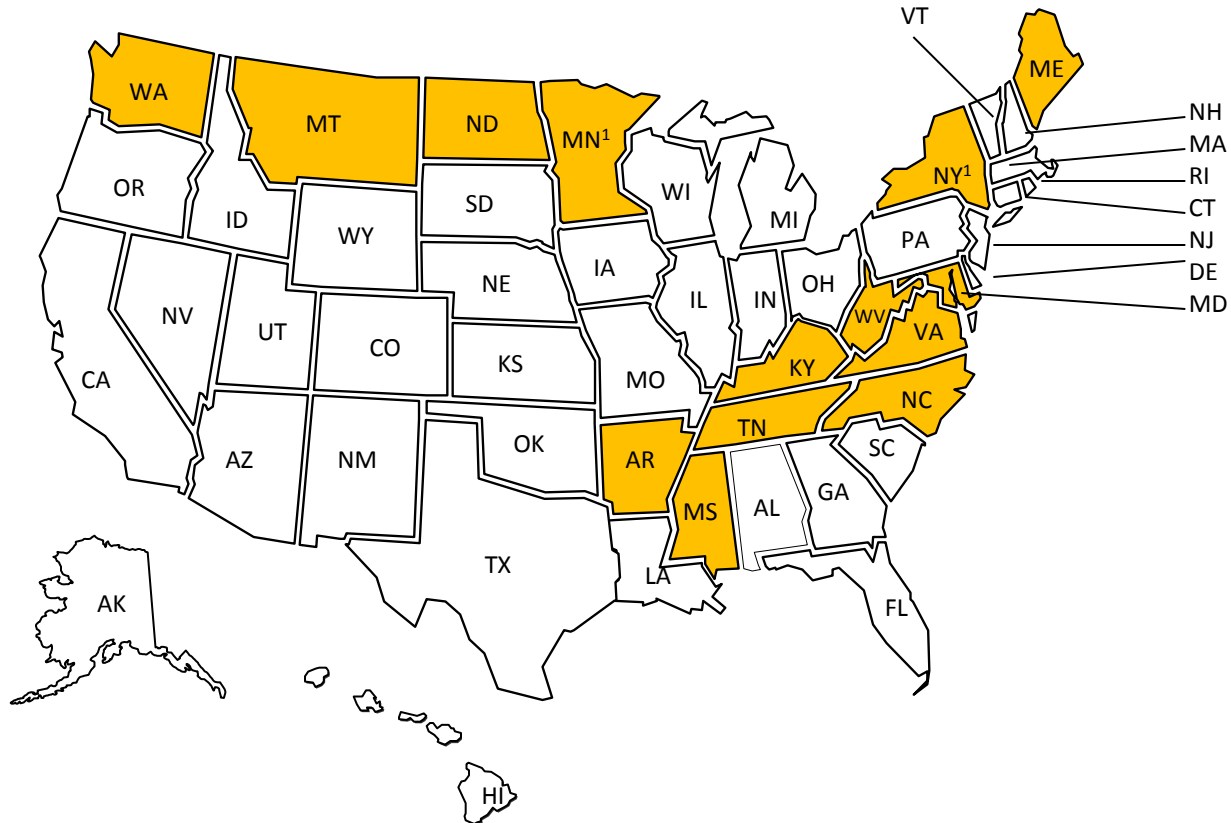
States that Provide PMP Database Information to Worker's Compensation Specialists



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States that Provide PMP Database Information to County Coroners and/or Medical Examiners



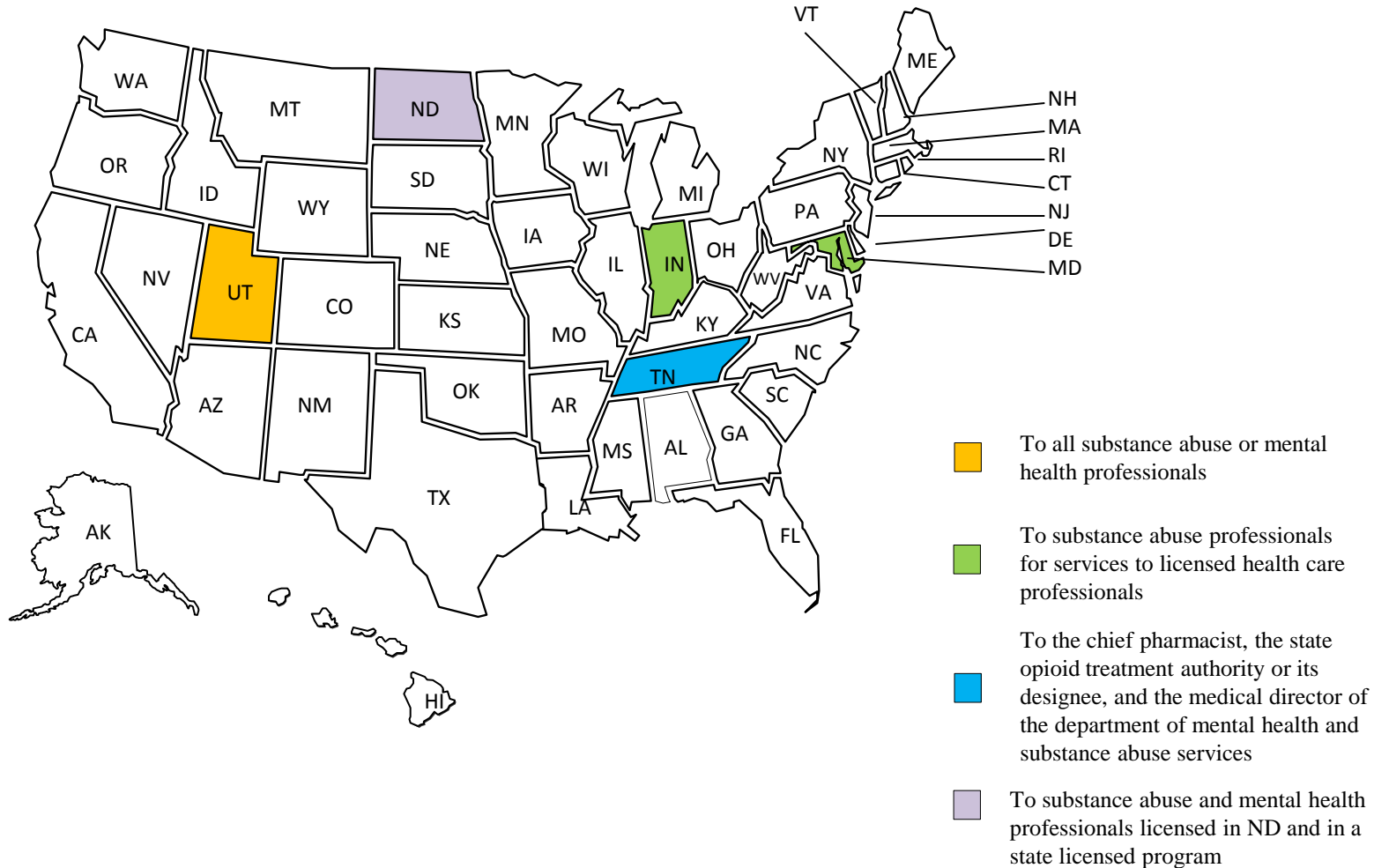
¹ Minnesota has started a pilot program to allow access by county coroners and medical examiners. The New York provision goes into effect August 27, 2013.

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States that Provide PMP Database Information to Mental Health/Substance Abuse Professionals

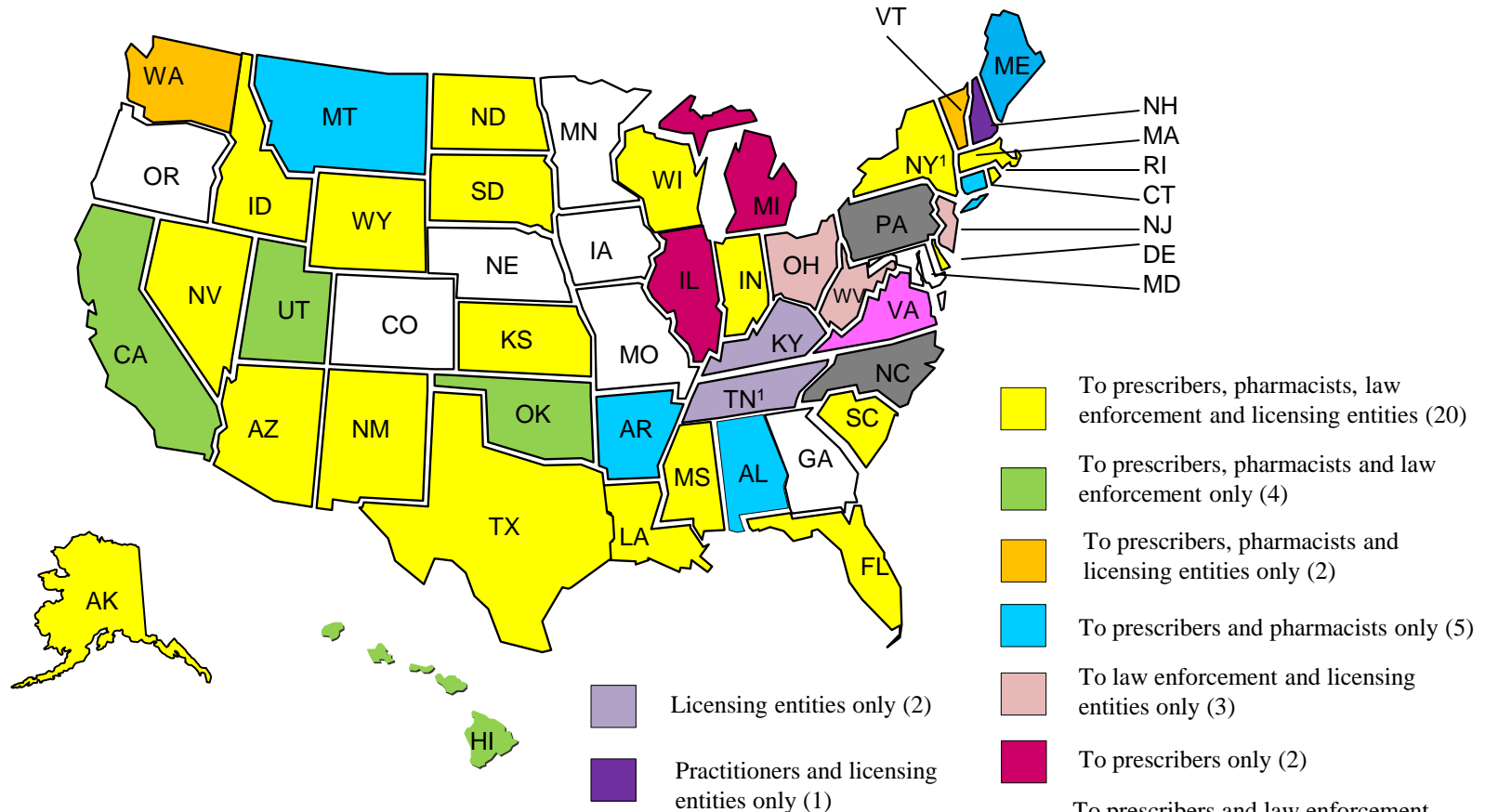


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Unsolicited PMP Reports to Prescribers, Pharmacists, Law Enforcement and Licensing Entities

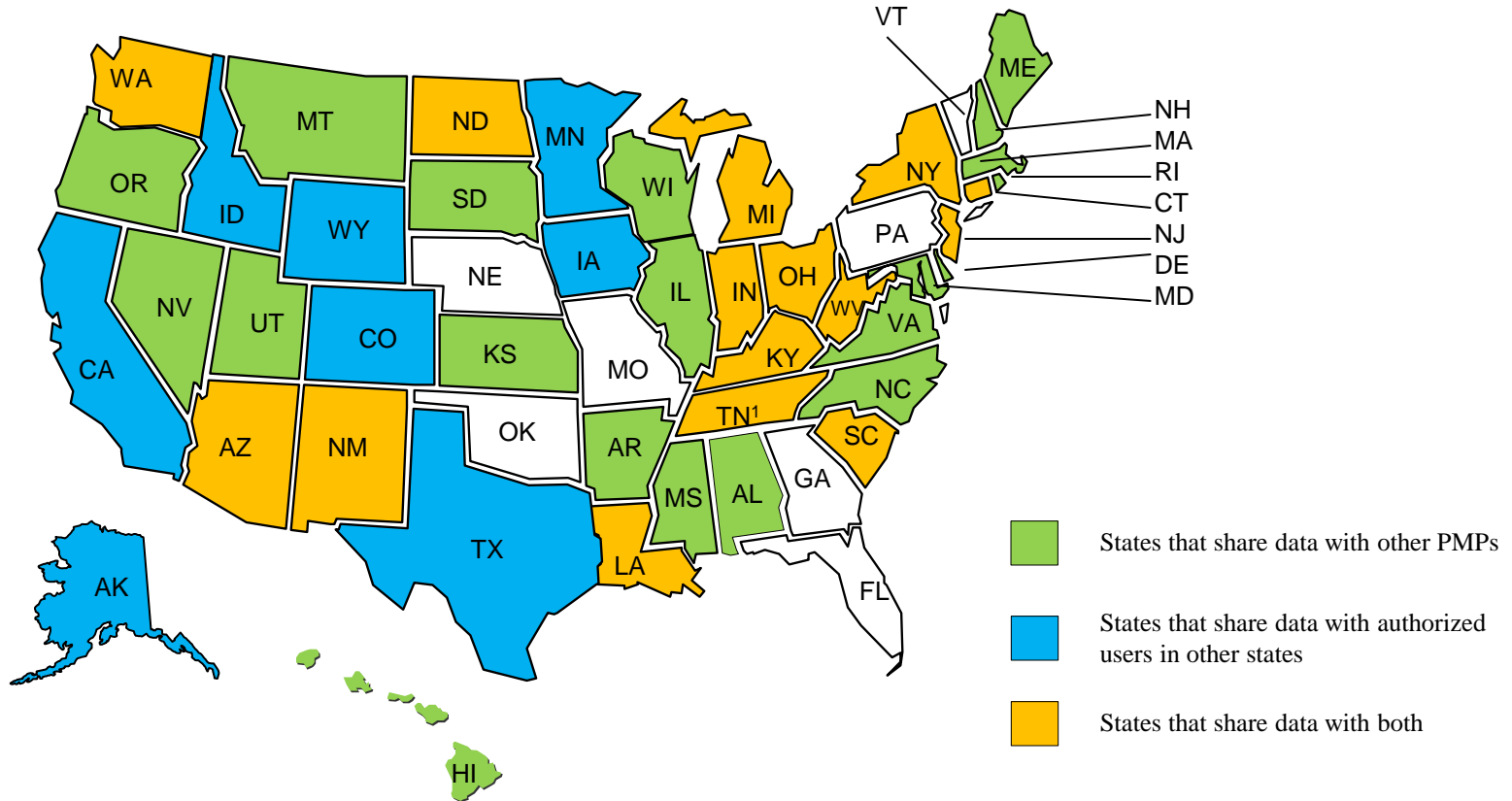


¹ The New York provision goes into effect August 27, 2013. Until then, New York will provide unsolicited reports to prescribers only. The Tennessee provision goes into effect on January 1, 2013.

² North Carolina provides unsolicited reports to the Attorney General who has the discretion to forward the information to law enforcement.

³ Michigan send alerts to physicians when a patient surpasses the threshold but does not send the actual report.

Interstate Sharing of Prescription Monitoring Program Data Pursuant to Statute, Regulation, and/or Statutory Interpretation



¹ The Tennessee provisions become effective on January 1, 2013.